

**PRIMARY CARE SERVICE PLAN FORMAT**  
**Indigent Care Trust Fund Request**  
**FY 2001**

Hospital Name \_\_\_\_\_

Date \_\_\_\_\_

Project (1.)	Service planned (2.)	Budget (3.)	Begin (4.)	End (5.)	Project Service area (6.)	Provider of Service (7.)	Targeted Population (8.)	New or Continuation Project (9.)
Totals (10.)		\$.						

**Instructions for completing this form**

1. Enter the name of the primary care project.
2. Enter the planned primary care service.
3. Enter the projected expenditure amount.
4. Enter the beginning date of the project.
5. Enter the date by which expenditures are to be completed.
6. Briefly describe the geographical area where services are to be available.
7. Describe the source of primary care services, if contracted, provide the name of the contractor and place where services are to be made available.
8. Enter the estimated targeted population to be served.
9. Enter information regarding new or continuation of a previously approved ICTF project. If project is to be shown as a continuation, please indicate prior funding periods.
10. Enter projected totals.

Contact Person \_\_\_\_\_

Telephone Number \_\_\_\_\_